



## HOSPITAL EMERGENCY RESPONSE TEAM (HERT)

### PURPOSE

To establish a formal mechanism for providing rapid advanced surgical care at the scene, in which a higher level of on-scene surgical expertise, physician field response, is requested by the on-scene prehospital care provider.

### AUTHORITY

Health and Safety Code, Division 2.5, Section 1798. (a) provides that “Authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional, ...at the scene of an emergency who is most medically qualified specific to the provision of rendering emergency medical care.”

### DEFINITIONS

1. **Hospital Emergency Response Team (HERT)** - Organized group of healthcare providers from a designated Level I or II Trauma Center, with local Emergency Medical Services (EMS) agency approval as a HERT provider, who are available twenty-four (24) hours/day to respond and provide a higher level of on-scene surgical expertise.
2. **Incident Commander** - Highest-ranking official of the jurisdictional agency at the scene of the incident and responsible for the overall management of the incident.

### PRINCIPLES

1. In general, a HERT is utilized in a situation where a **life-saving** procedure, such as an amputation, is required due to the **inability to extricate** a patient. Life before limb, utilized as a life-saving measure not as a time saving measure.
2. HERT should be assembled and ready to respond within twenty (20) minutes of a request with standard life-saving equipment in accordance with the HERT provider's internal policy on file with ICEMA.
3. The standard life-saving equipment referenced above shall be predetermined, preassembled, readily available, clearly labeled, and stored in a predetermined location. Based upon the magnitude and nature of the incident, the standard life-saving equipment may require augmentation.

## POLICY

1. Composition of a Hospital Emergency Response Team
  - a. The composition of the HERT, and the identification of a Physician Team Leader, shall be in accordance with the approved HERT provider's internal policy on file with ICEMA.
  - b. The Physician Team Leader:
    - (1) Is responsible for organizing, supervising, and accompanying members of the team to a scene where a physician field response has been requested.
    - (2) Shall be familiar with base hospital operations and the ICEMA's policies, procedures, and protocols.
    - (3) Is responsible for retrieving the life-saving equipment and determining if augmentation is required based upon the magnitude and nature of the incident.
    - (4) Will determine the ultimate size and composition of the team based upon the magnitude and nature of the incident.
    - (5) Will report to, and be under the authority of, the Incident Commander or their designee. Other members of the team will be directed by the Physician Team Leader.
2. Activation of a Hospital Emergency Response Team
  - a. The anticipated duration of the incident should be considered in determining the need for a HERT. Before requesting a HERT, the Incident Commander should take into account that it may be a minimum of thirty (30) minutes before a team can be on scene.
  - b. The Incident Commander shall contact the appropriate Communications Center. The determination of the appropriate mode of transportation of the team (ground versus air) will be mutually agreed upon.
  - c. The appropriate Communication Center shall contact the approved HERT provider regarding the request. The Team Leader will organize the team and equipment in accordance with the HERT provider's internal policy, and the magnitude and nature of the incident.

- d. The Physician Team Leader shall inform the Communication Center once the team has been assembled and indicate the number of team members.
  - e. Communication Center will notify the Incident Commander of the estimated time of arrival of the HERT if they are arriving by ground transportation. When air transport is utilized, the Communication Center will dispatch the air ambulance resource and indicate the time that the HERT is assembled with the standard life-saving equipment, prepared to leave the helipad.
- 3. Transportation of a Hospital Emergency Response Team
  - a. When either ground or air transportation is indicated, the Communication Center will arrange emergency response vehicle transportation for the HERT through the Central Dispatch Office.
  - b. Consider use of larger (CCT or bariatric) ground or air units for transport of patient and the HERT to paramedic receiving facility.
  - c. Upon the conclusion of the incident, the HERT will contact the Communication Center to arrange transportation of the team back to the originating facility.
- 4. Responsibilities of a Hospital Emergency Response Team on Scene
  - a. Upon arrival of the HERT, the Team Leader will report directly to the on-scene Incident Commander. The HERT members will, at a minimum, have visible identification that clearly identifies the individual as a healthcare provider (physician, nurse, etc.) and a member of the HERT.
  - b. Documentation of care rendered will be completed on hospital approved trauma flow sheets (nursing notes) and physician progress notes.
- 5. Approval Process of a Hospital Emergency Response Team

Trauma Centers interested in providing a HERT must develop internal policies to comply with all requirements and submit evidence of the ability to meet all requirements of this policy to ICEMA for review and approval as a HERT provider.